

Name

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

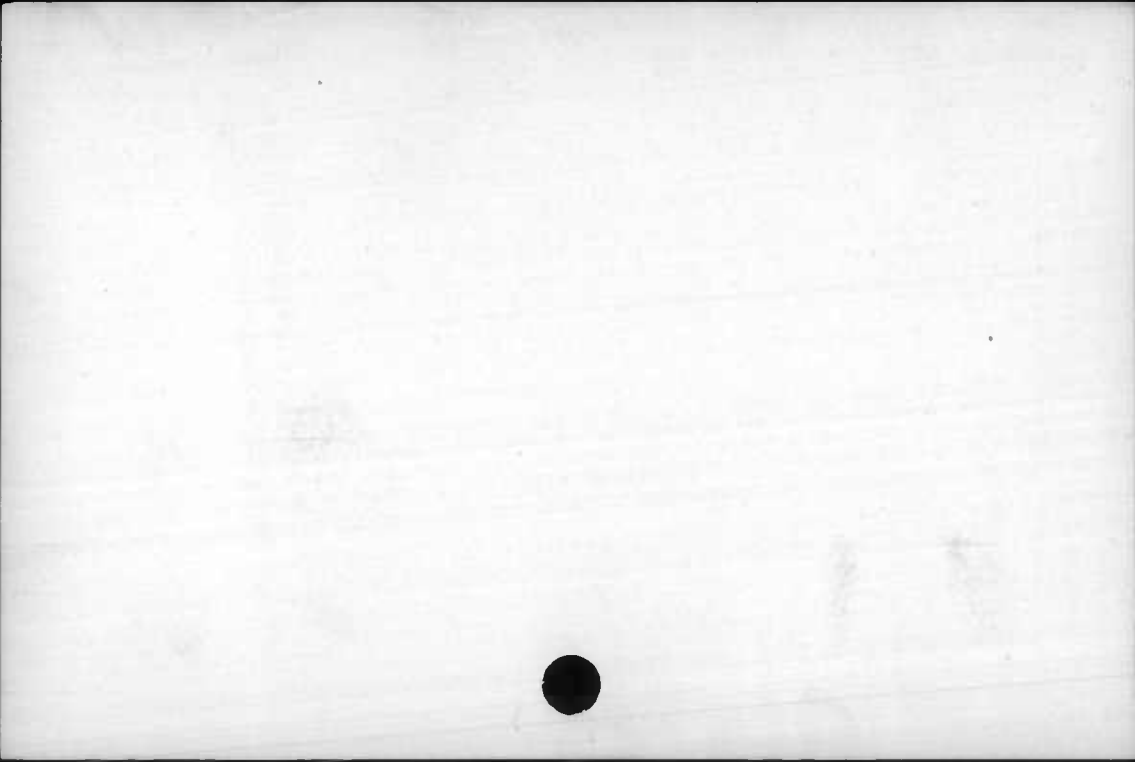
Died at <i>Ridgely</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death	1909	Month	3	Day	14
Age	3	Years	3	Months	
Sex	Male	Color or Race	White	Birth-place	Ridgely Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	S. T. Austin			Father's Birthplace	Queen Anne's Md
Mother's Maiden Name	Lillie Remmen			Mother's Birthplace	Queen Anne's Md
Name of person giving information	S. T. Austin			How related to deceased	Father

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>Grip</i>	How long	<i>3 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. C. Madlars</i>
		Address	<i>Ridgely Md</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

William Oscar Block

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

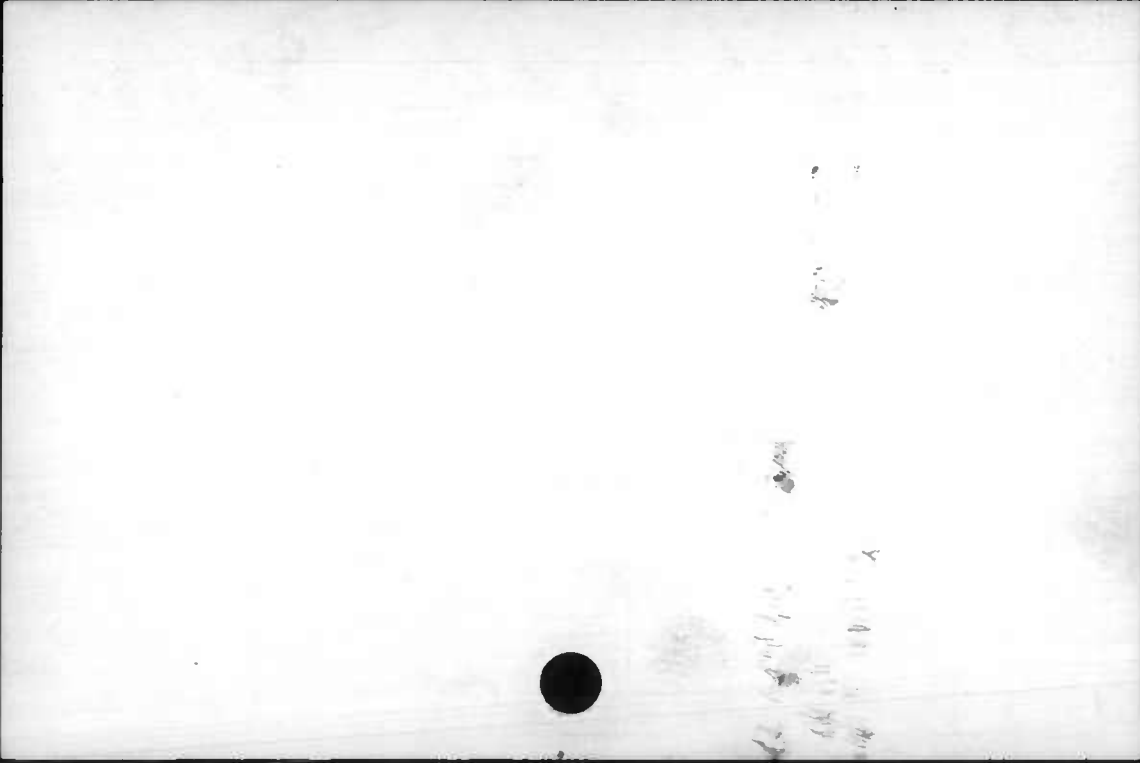
Died at		Town <i>Greensboro</i>	County <i>Caroline</i>		MARYLAND	
Date of death	1909	Month <i>March</i>	Day <i>20</i>	Years <i>29</i>	Months <i>6</i>	Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth- place <i>Greensboro, Md.</i>			
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>				
Father's Name <i>William Pratt Block</i>			Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Fouzia Harris</i>			Mother's Birthplace <i>Maryland</i>			
Name of person giving Information <i>Howard Block</i>			How related to deceased <i>Brother</i>			

CAUSES OF DEATH

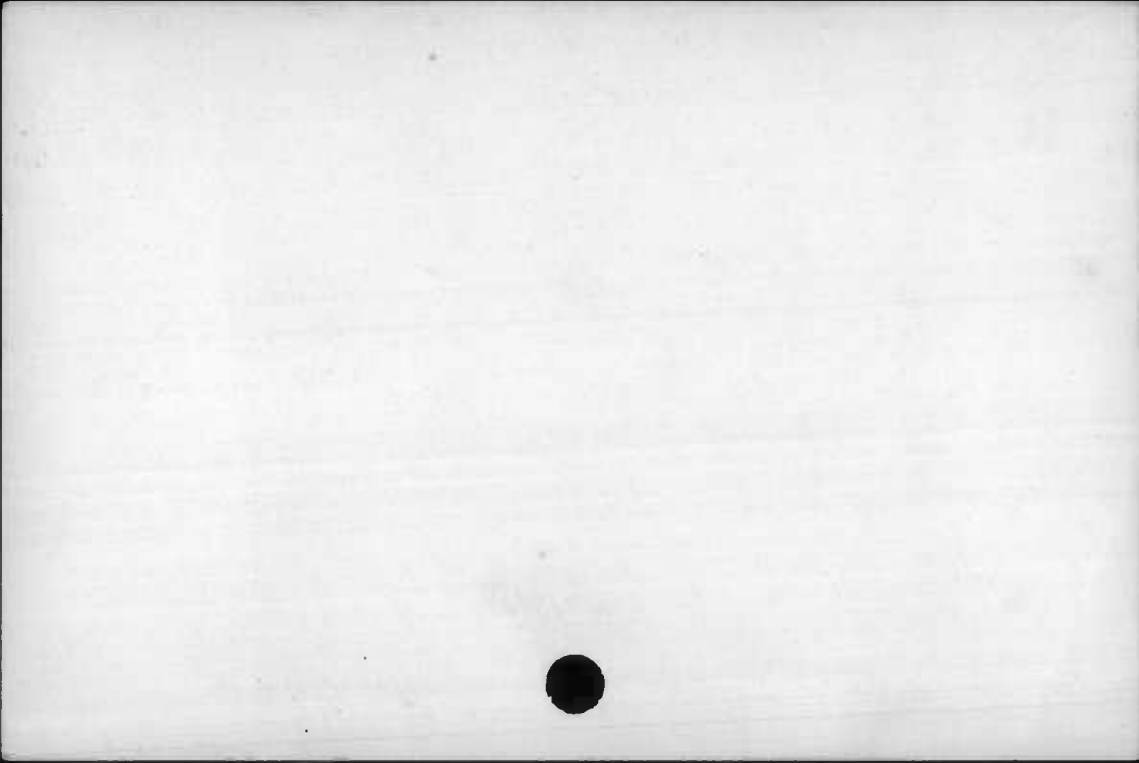
(27)

Primary	<i>Tuberculosis of lungs</i>	How long <i>6 Months</i>
Immediate	<i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. F. P. Smith</i>
		Address <i>Greensboro, Md.</i>
Accident or Suicide		

PHYSICIAN
OR CORONER



Name in Full		Certificate of Death			
Jacob Brooks		Town Maydel		County Caroline	
Died at		State Maryland			
Date of death		1909	Month June	Day 16	Age 70
Sex male		Color or Race Black		Birth- place Maryland	
Occupation farmer		Where Residing if not at place of death at home			
Married, Single or Widowed widowed		Name of Wife or Husband Ella Brooks			
Father's Name Don't know		Father's Birthplace Maryland			
Mother's Maiden Name Don't know		Mother's Birthplace Maryland			
Name of person giving Information John H. Brooks		How related to deceased son			
CAUSES OF DEATH					
Primary Dropsy		How long 4 months			
Immediate weak heart		How long five hours			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician H. E. Evans			
		Address Maydel Ind.			
Accident or Suicide?					



Name
in
Full

C. H. Bullock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Smithville ^{County} Caroline MARYLANDDate of death 1909 ^{Month} Mar ^{Day} 20 ^{Age} 77 ^{Years} ^{Months} ^{Days}

Sex male Color or Race white Birth-place md

Occupation farmer Where Raiding if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband Rebecca C. Bullock

Father's Name Richard Bullock Father's Birthplace Del

Mother's Maiden Name Milcah Eaton Mother's Birthplace md

Name of person giving Information Richard Bullock How related to deceased Son

CAUSES OF DEATH

79

Primary Heart disease How long sudden

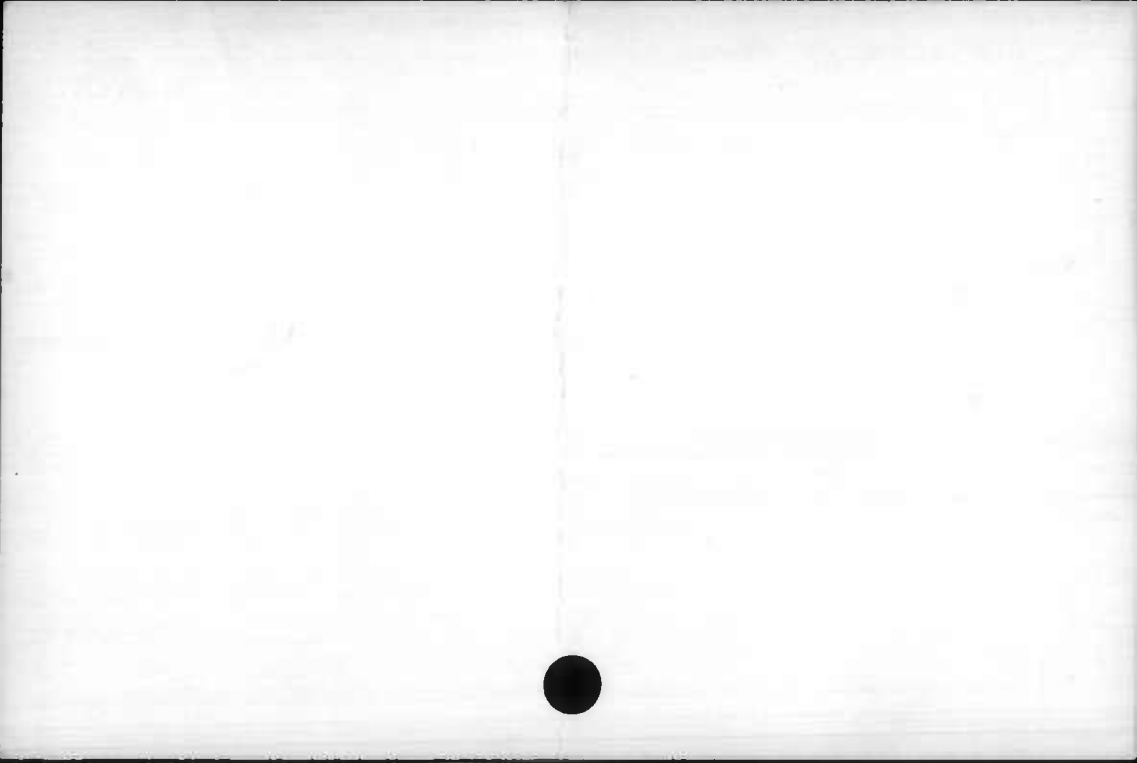
Immediate How long

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician R. Kemp Jefferson

Address Federalburg md

Accident or Suicide





Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

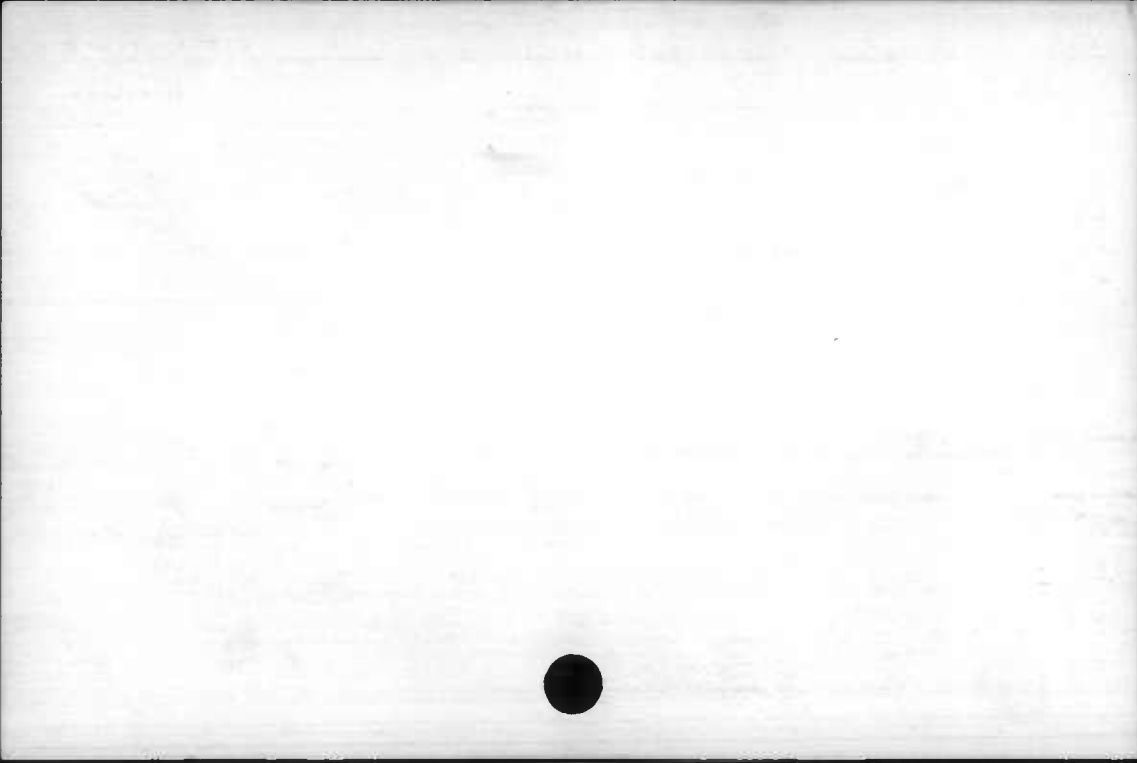
Died at		Town <i>Dublin</i>		County <i>Caroline</i>		MARYLAND	
Date of death		190	9	Month	3	Day	21
Age		67		Years		Months	Days
Sex		<i>Male</i>		Color or Race		<i>White</i>	
Occupation		<i> Clerk</i>		Where Residing if not at place of death		<i> Maryland</i>	
Married, Single or Widowed		<i>Married</i>		Name of Wife or Husband		<i>Laura G Cohen</i>	
Father's Name		<i>W E Cohen</i>		Father's Birthplace		<i>MD</i>	
Mother's Maiden Name		<i>Laura G Maloney</i>		Mother's Birthplace		<i>MD</i>	
Name of person giving information		<i>Old Cohen</i>		How related to deceased		<i>Son</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>6 months</i>
Immediate	<i>Heart Failure</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>F. M. Smith</i>	
		Address	
		<i>Dublin MD</i>	
Accident or Suicide			



Name
in
Full

Mahala Callison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

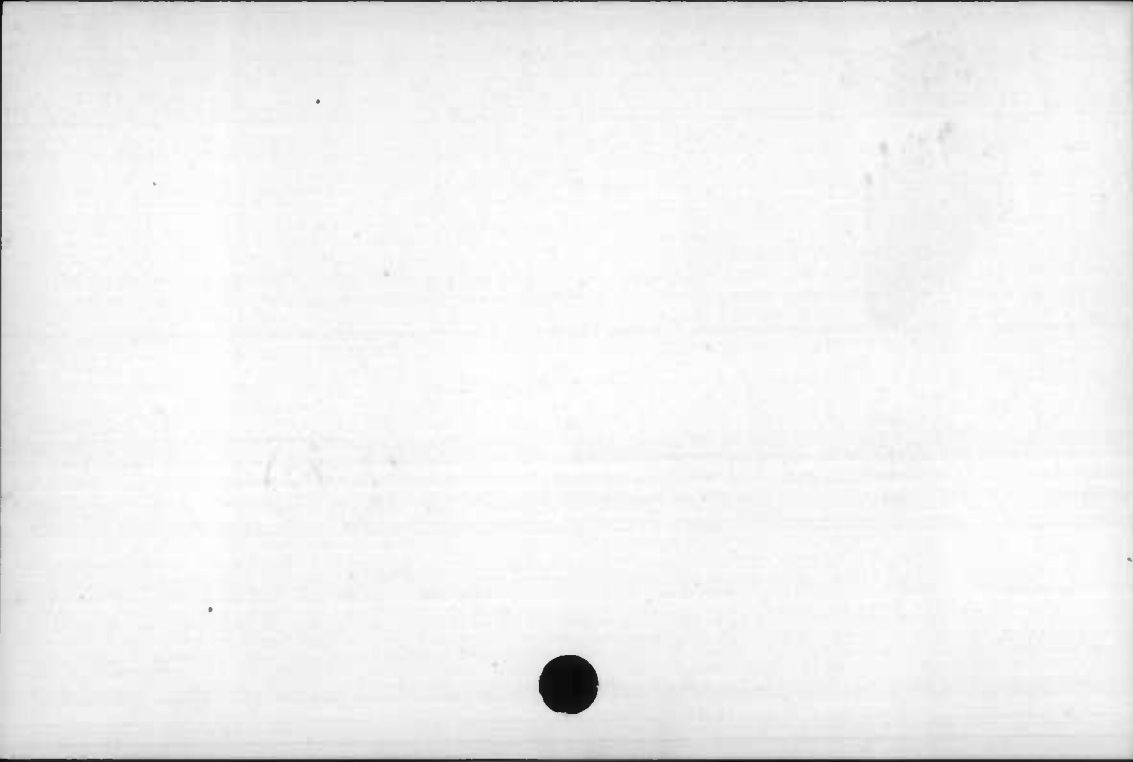
Died at <i>Stoth</i> Town		<i>Lawson</i> County		MARYLAND	
Date of death	<i>1909</i> Month	<i>9</i> Day	Age	<i>83</i> Years	Months <i>-</i> Days <i>-</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Delaware</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Andrews Lane Md</i>		
Married, Single or Widowed			Name of Wife or Husband <i>Margaret H Callison</i>		
Father's Name	<i>James Carroll</i>			Father's Birthplace	<i>Delaware</i>
Mother's Maiden Name	<i>Rebecca</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Amy Nettle</i>			How related to deceased	<i>Friend</i>

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary	<i>Drops</i>	How long	<i>Severe years</i>
Immediate	<i>Heart Failure</i>	How long	<i>few days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Enoch Henry Wood</i>
		Address	<i>Delmar Cor Law Co</i>
			<i>Md</i>
Accident or Suicide?			



Name
in
Full

Caroline E. Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

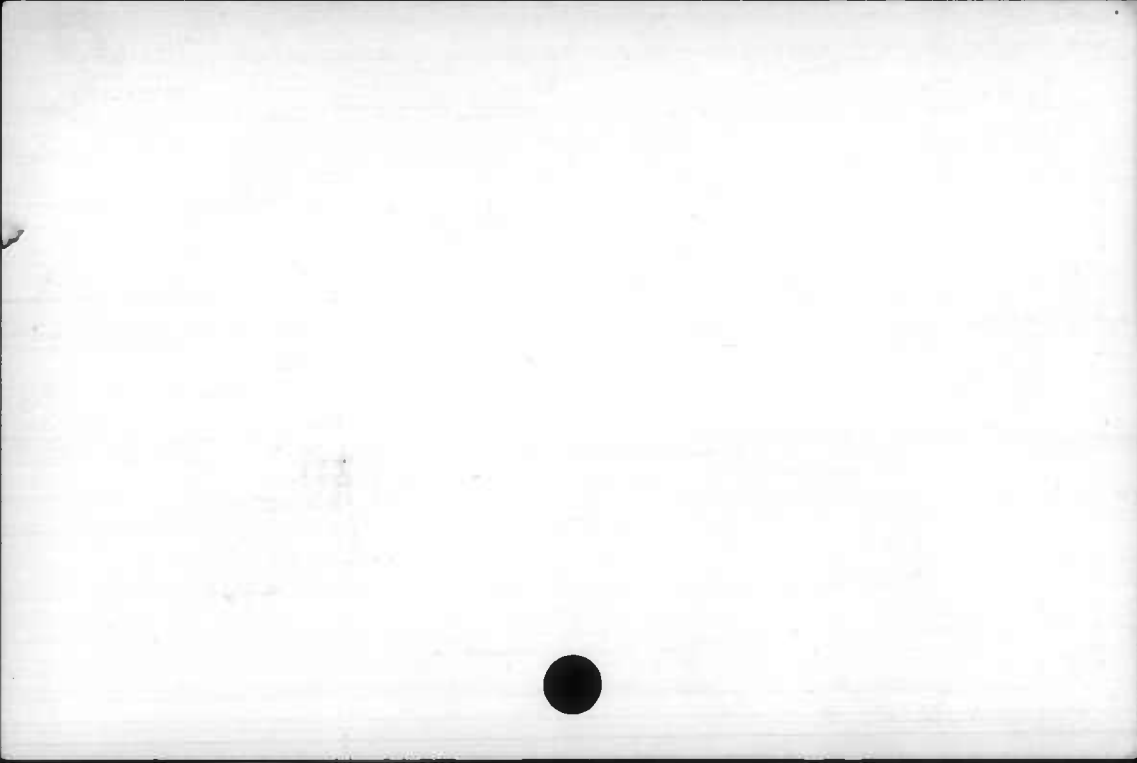
Died at <u>Denton</u> <small>Town</small>		<u>Caroline</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u>	<u>3</u> <small>Month</small>	<u>19</u> <small>Day</small>	<u>68</u> <small>Years</small>	<u>5</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Samuel J. Cooper.</u>				
Father's Name <u>James Hubbard.</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Lillian Wright</u>	Mother's Birthplace <u>Delaware.</u>				
Name of person giving Information <u>S. J. Cooper.</u>	How related to deceased <u>Husband.</u>				

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>1 month</u>
Immediate <u>Tuberculosis</u>	How long <u>20 years.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>G. W. Simeon</u>
	Address <u>Denton Ind.</u>
Accident or Suicide <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Bernice Emma Brown

Town

County

MARYLAND

Died at Denton

Caroline

Date

of death

1909

Month

3

Day

29

Age

Years

Months

Days

14

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

None

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Elmer S. Brown

Father's
Birthplace

Md

Mother's
Maiden Name

Hazel Brown

Mother's
Birthplace

Md

Name of person giving
Information

H. K. Brown

How related
to deceased

Grandfather

CAUSES OF DEATH

Primary

the heart
Imperfect development of

How long

14 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

P. R. Fisher

Address

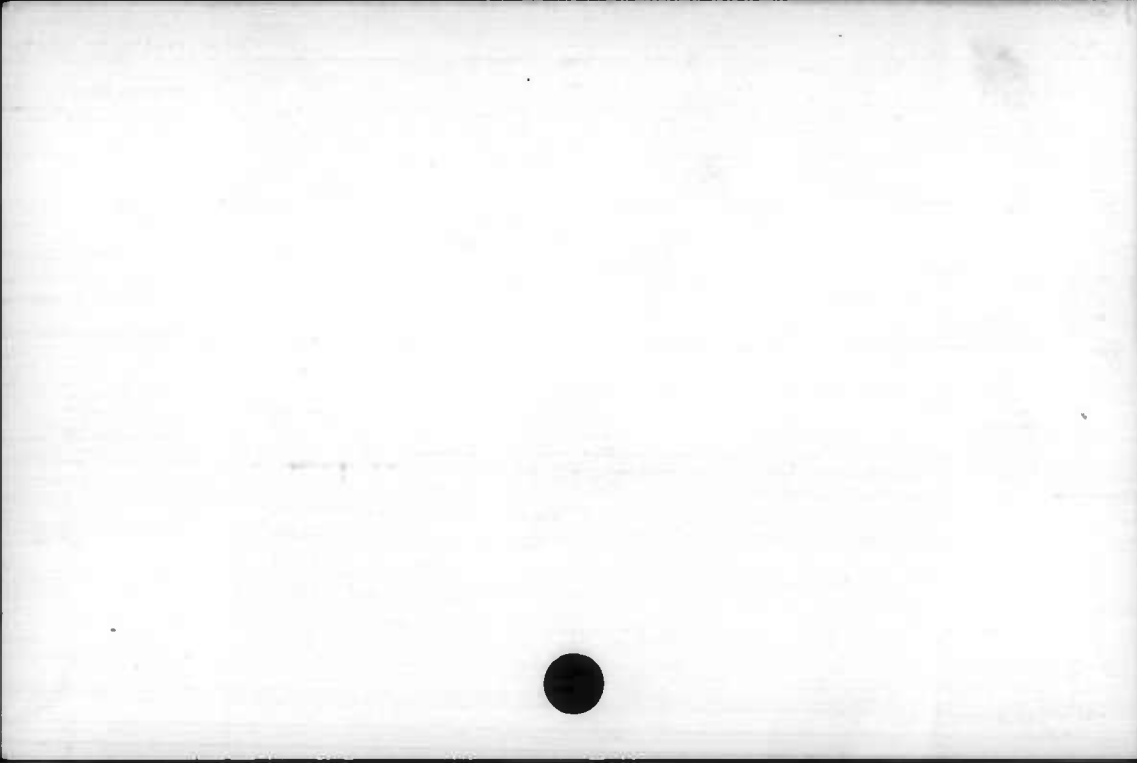
Denton

Accident or Suicide

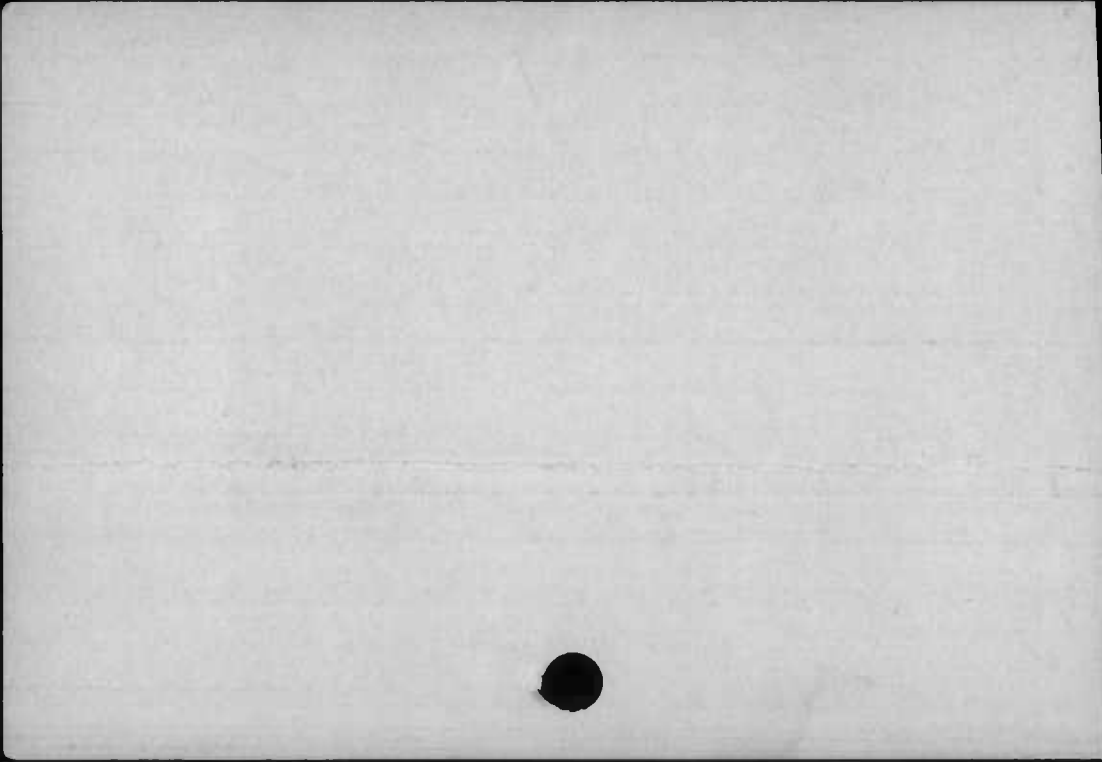
No

Md

PHYSICIAN
OR CORONER



TO BE ANSWERED BY NEAREST FRIEND		Mary E. Drlong				CERTIFICATE OF DEATH	
		Town Goldsboro		County Leashee		MARYLAND	
		Died at		Date of death		Months	
		1909		3		2	
		Month		Day		Years	
		3		23		45	
		Sex		Color or Race		Birth-place	
		Female		White		Md	
		Occupation		Where Residing if not at place of death			
		House Wife		near Goldsboro			
		Married, Single or Widowed		Name of Wife or Husband			
		Married		Abe Drlong			
		Father's Name		Father's Birthplace			
		Thomas Hobbs		Md			
		Mother's Maiden Name		Mother's Birthplace			
		Elizabeth Porter		Md			
		Name of person giving information		How related to deceased			
		Abe Drlong		Husband			
PHYSICIAN OR CORONER		Pyloric Ulcer.		CAUSES OF DEATH		(103)	
		Primary		Pyloric Ulcer		How long 2 months	
		Immediate		malnutrition		How long 1 month	
		Are the name, age, sex, color, date and place correctly given above?		Yes			
		Signature of Physician		Address			
		[Signature]		Goldsboro			
		Accident or Suicide?					



Name
in
Full

Edward Dickinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

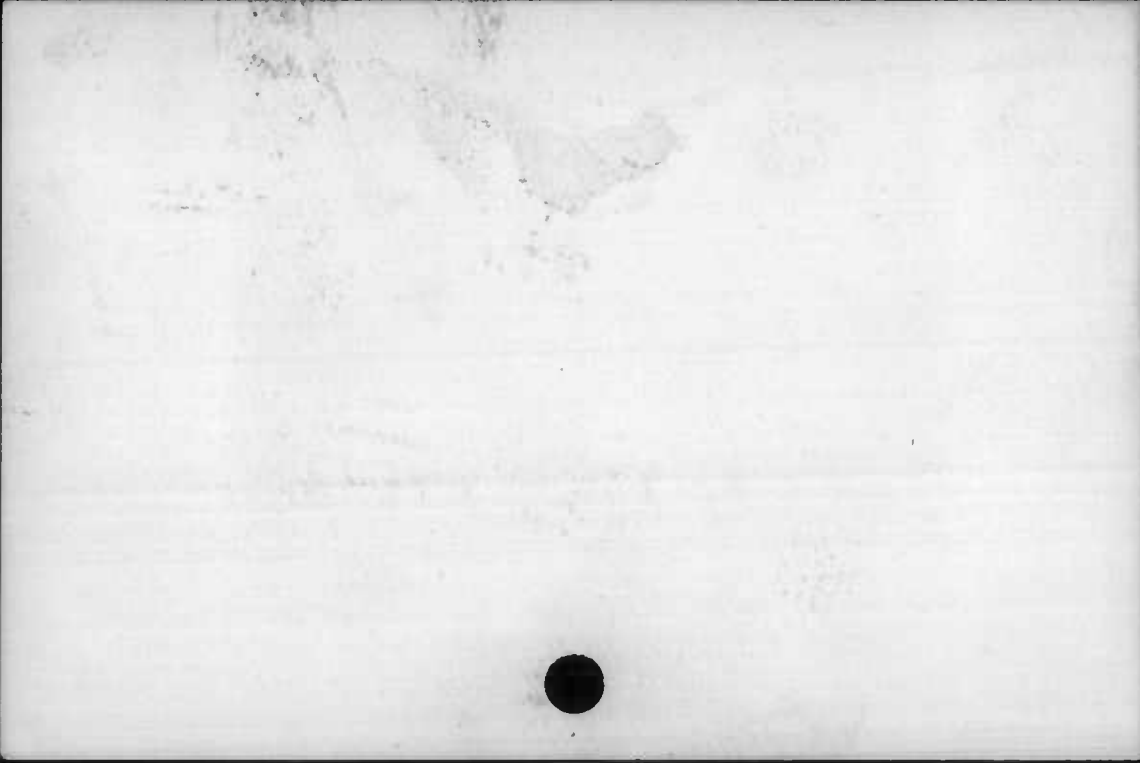
Died at <i>near Hillboro</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death	1909	Month	March	Day	6th	Age	not known
Sex	Male		Color or Race	White		Birth-place	not known
Occupation	Fisherman			Where Residing if not at place of death			
Married, Single or Widowed	not known		Name of Wife or Husband				
Father's Name	Not known					Father's Birthplace	not known
Mother's Maiden Name	Not known					Mother's Birthplace	not known
Name of person giving information	Chas. B. Kemp					How related to deceased	not related

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary	<i>Supposed - Dropsy</i>	How long	<i>5 or 6 months</i>
Immediate	<i>Suppurative of age - died alone</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. H. Beane</i>		
	Address <i>Acting Coroner Hillboro Ind.</i>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

OR CORONER

Name in Full <i>James Edward Dill</i>		Town <i>Goldsboro</i>		County <i>Caroline</i>		MARYLAND					
Died at		Month <i>9 Mch.</i>		Day <i>25</i>		Years <i>63</i>		Months <i>4</i>		Days <i>2</i>	
Date of death		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>					
Occupation <i>Miller</i>		Where Residing if not at place of death									
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Fannie E Dill</i>									
Father's Name <i>James K. Dill</i>		Father's Birthplace <i>Delaware</i>									
Mother's Maiden Name <i>Jane Andrew</i>		Mother's Birthplace <i>md.</i>									
Name of person giving Information <i>James E Dill</i>		How related to deceased <i>Wife</i>									
CAUSES OF DEATH				(93)							
Primary <i>Pneumonia</i>		How long <i>8 days</i>									
Immediate <i>Heart failure</i>		How long									
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Flower</i>		Address <i>Goldsboro.</i>							
Accident or Suicide											



Name
in
Full

Annie b. Erelant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Greensboro</u> ^{Town}		<u>Caroline</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u>	Month <u>Mar</u>	Day <u>24</u>	Age <u>16</u>	Months <u>2</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Mo. D.</u>		
Married, Single or Widowed <u>Single</u>			Occupation		
Name of Wife or Husband <u>None</u>					
Father's Name <u>Dan Krum</u>			Father's Birthplace <u>Dan Krum</u>		
Mother's Maiden Name <u>Rebecca Erelant</u>			Mother's Birthplace <u>Penn</u>		
Name of person giving information <u>Dan Erelant</u>			How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <u>Crip</u>	How long <u>1 week</u>
Immediate <u>Pneumonia</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. R. Malone</u>
	Address <u>Greensboro</u>
Accident or Suicide?	<u>W.D.</u>



Name
in
Full

Mary Knatts Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

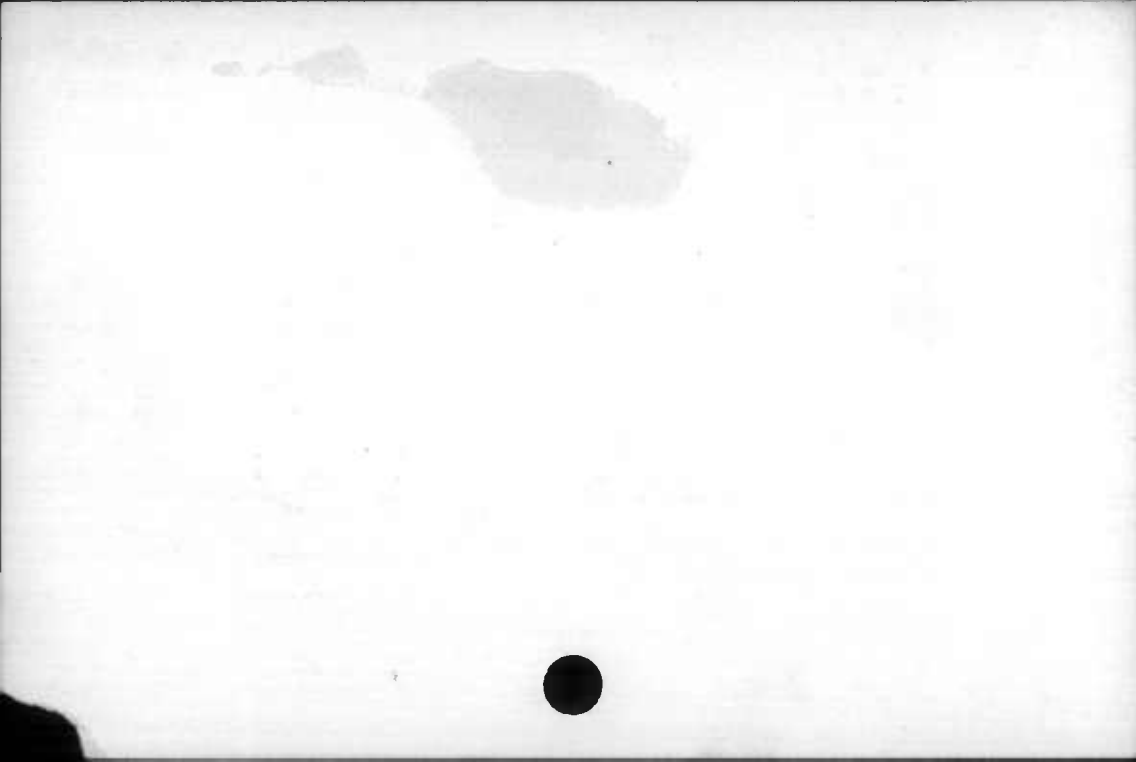
Died at		Town Hillsboro		County Caroline		MARYLAND	
Date of death		190	9.	Month Meh	Day 16	Age Years 33	Months -
Sex Female		Color or Race White		Birth- place Talbot Co.			
Occupation Housewife		Where Reaiding if not at plac of death -					
Married, Single or Widawad Married		Name of Wife or Husband Harry Fisher					
Father's Name John W. Fisher		Father's Birthplace Caroline Co.					
Mother's Maiden Nama Frances Cheffinch		Mother's Birthplace Caroline Co.					
Nama of person giving Information Harry Fisher		How related to deceased Husband					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	1 year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, data and plac correctly given above? yes		Signature of Physician H. N. B. Rowe, M.D.	
		Address Hillsboro, Md.	
Accident or Suicide no			



Name
in
Full

Emma Flornio

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

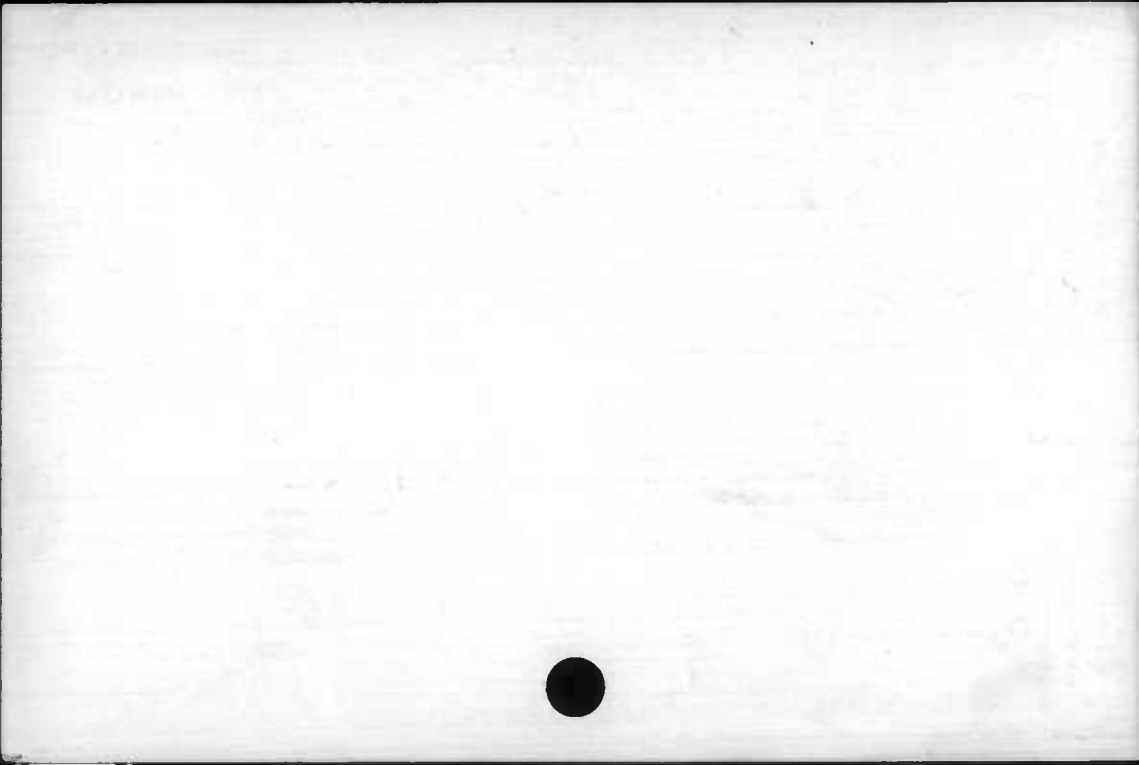
Died at <u>Denton</u> ^{Town}		<u>Anline</u> ^{County}		MARYLAND	
Date of death	190 <u>9</u> ^{Month}	<u>2</u> ^{Day}	<u>26</u> ^{Year}	Age <u>37</u>	Months <u> </u> Days <u> </u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Chas Flornio</u>				
Father's Name <u>Joseph Cornish</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Maggie Cornish</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving Information <u>Chas Flornio</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>Two weeks</u>
Immediate <u>Heart Failure</u>	How long <u>Instant</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. W. Smith</u>
	Address <u>Denton Ind.</u>
Accident or Suicide <u> </u>	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

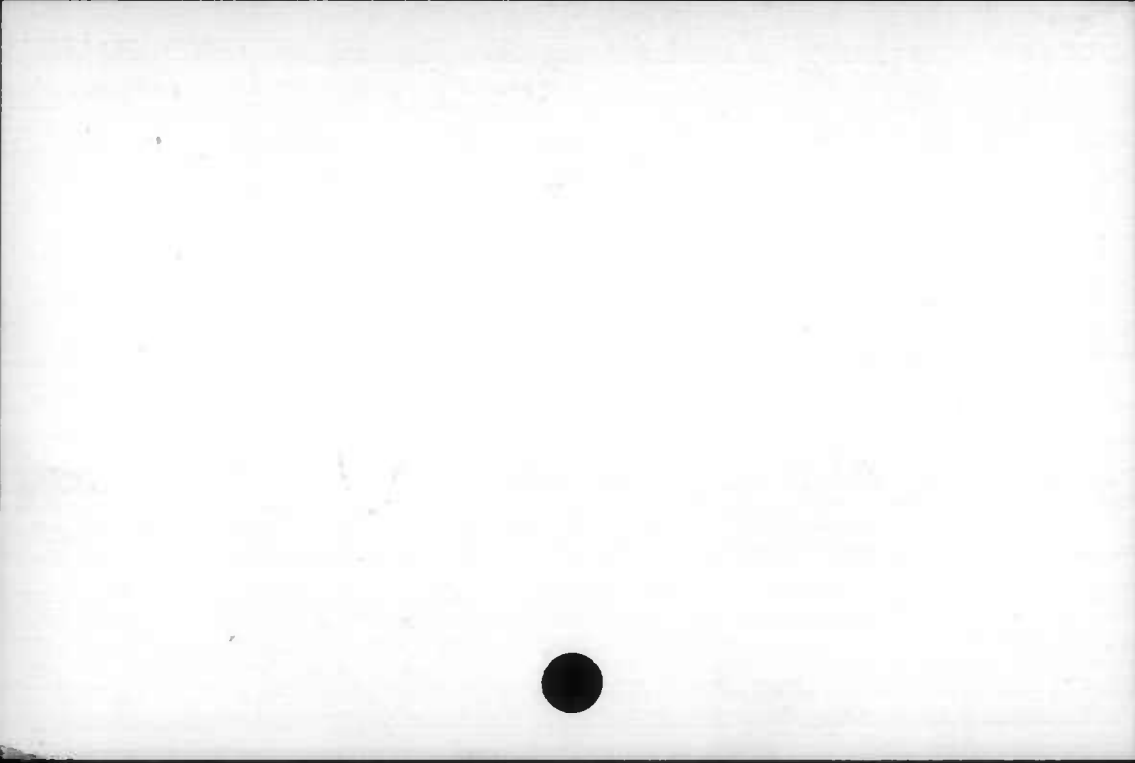
Died at <i>near Ridgeley</i>		County <i>Caroline</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	Mar.	17	Age 46	-	-
Sex	Color or Race	Birthplace			
Female	Negro -	Maryland			
Occupation	Where Residing if not at place of death				
Housework	-				
Married , Single or Widowed	Name of Wife or Husband				
Single	-				
Father's Name	Father's Birthplace				
Emory Freeman	Med				
Mother's Maiden Name	Mother's Birthplace				
Rhoda Lockerman	Med.				
Name of person giving Information	How related to deceased				
Edw. Gibbs	Son-in-law				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Nephritis -</i>	How long	<i>Two years.</i>
Immediates	<i>Uremic Poisoning</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address	
Yes	<i>D. S. Moniz</i>	<i>Ridgeley Med.</i>	
Accident or Suicide			
<i>no.</i>			



Name
in
Full

Mollie Whilby French -

CERTIFICATE OF DEATH

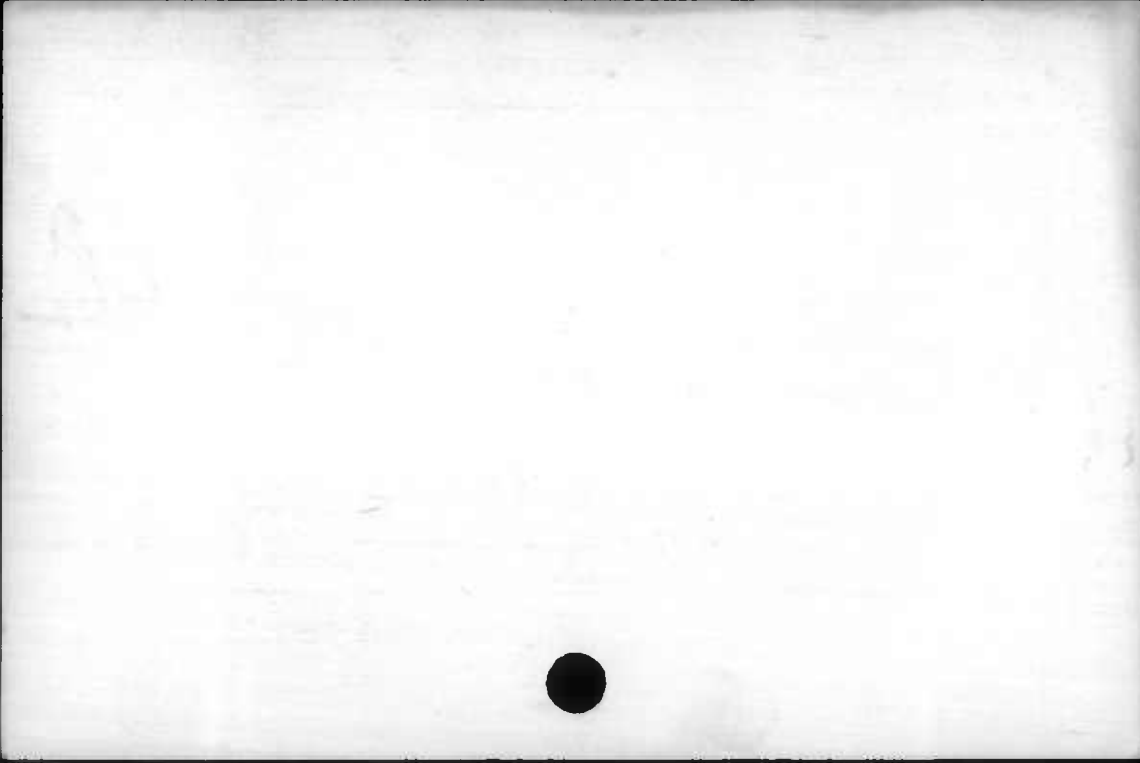
TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} near Ridgeley ^{County} Caroline - MARYLANDDate of death 1909 ^{Month} Mar ^{Day} 2 ^{Years} Age 3 ^{Months} ^{Days}Sex Female ^{Color or Race} White - ^{Birth-place} Md -Occupation Housewife ^{Where Residing if not at place of death}Married, Single or Widowed Married ^{Name of Wife or Husband} Elias P. French -Father's Name Wm E. Whilby - ^{Father's Birthplace} Md -Mother's Maiden Name Elvora Blanton - ^{Mother's Birthplace} Md -Name of person giving Information E. P. French. ^{How related to deceased} Husband

CAUSES OF DEATH

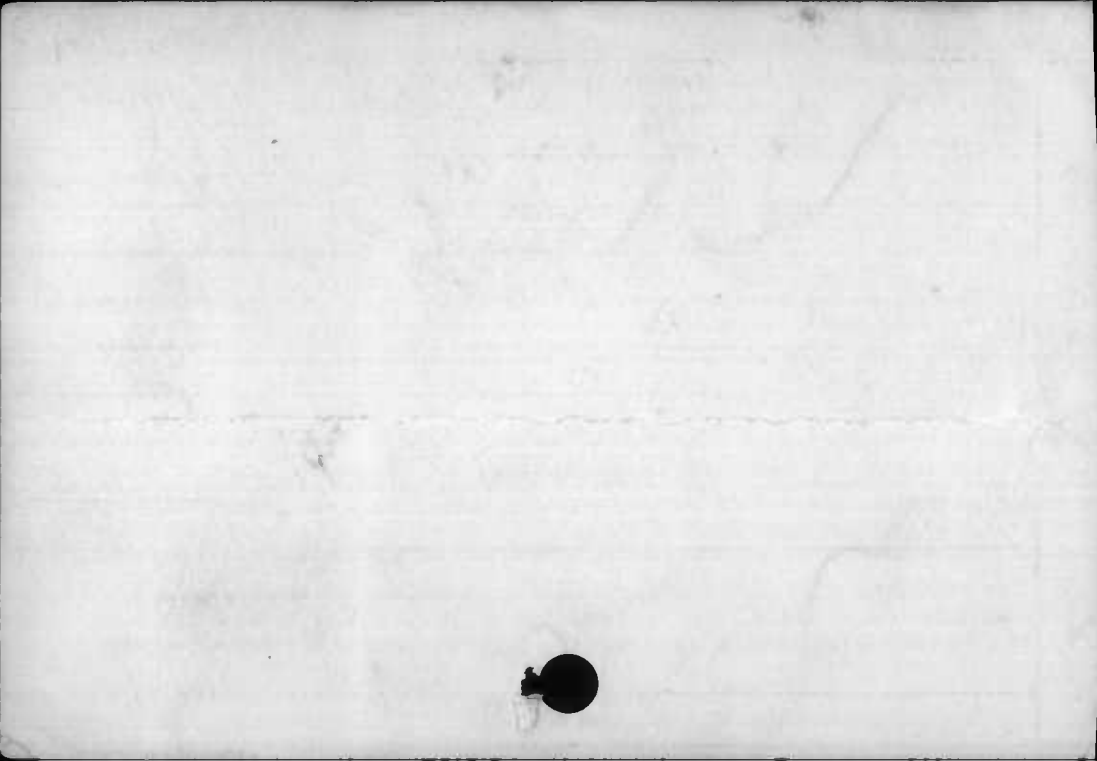
93

PHYSICIAN
OR CORONERPrimary ^{How long} Pneumonia. Nine daysImmediate ^{How long} Exhaustion.Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} J. J. Stone M.D.,^{Address} Ridgeley, Md.

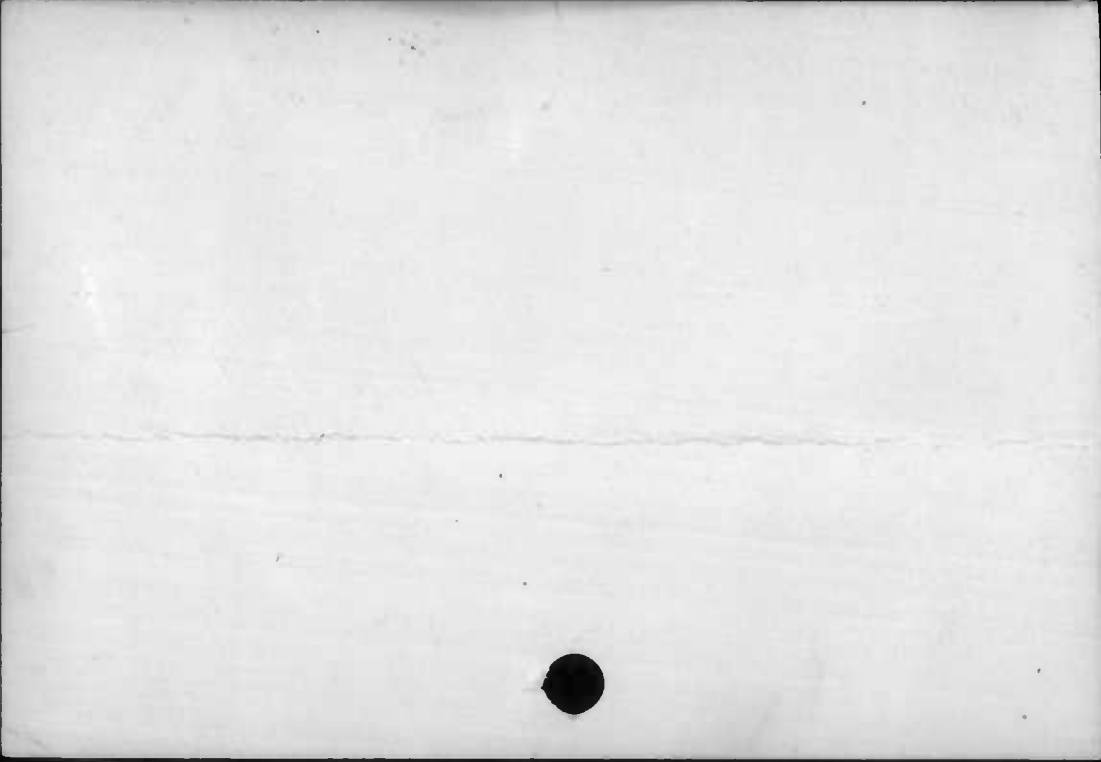
Accident or Suicide No -



me		Elizabeth Holson				CERTIFICATE OF DEATH	
Died at		near Eldsboro		County		MARYLAND	
Date of death		1909		Age		Months	
Month		3		Years		Days	
Day		1		Sex		Female	
Color or Race		White		Birth-place		Delaware	
Married, Single or Widowed		Married		Occupation		Housewife	
Name of Wife or Husband		Robert J. Holson		Father's Birthplace		Delaware	
Father's Name		John Knox		Mother's Birthplace		Delaware	
Mother's Maiden Name		Annie Ford		How related to deceased		Husband	
Name of person giving information		Robert J. Holson		79			
CAUSES OF DEATH		Primary		How long		Ternal grave -	
Immediate		Nervous Cardiac		How long		Immediate	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. R. Malme	
Address		Greenstreet		Accident or Suicide?		No	
OR CORONER		6		LIBRARY BUREAU A66518			



Wm Jones.							CERTIFICATE OF DEATH	
Died at <i>Goldstone</i>			Town <i>Carver</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Mar.</i>		Day <i>18</i>		Age <i>80</i>		Months <i>5</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>		Days <i>—</i>		
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>—</i>				
Married, Single <i>Married</i>		Name of Wife or Husband <i>Unie; Scott</i>						
Father's Name <i>Thomas Jones</i>		Father's Birthplace <i>Ind.</i>						
Mother's Maiden Name <i>Larab Montague</i>		Mother's Birthplace <i>Ind.</i>						
Name of person giving information <i>Berg. Jones</i>		How related to deceased <i>Brother</i>						
<div style="display: flex; justify-content: space-between;"> <div>CAUSES OF DEATH</div> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; font-size: 2em;">10</div> </div>								
Primary <i>Grip - Nephritic Calculi</i>		How long <i>Several</i>						
Immediate <i>Uræmia</i>		How long <i>10 Days</i>						
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. R. Malmon</i>						
		Address <i>Greenboro Ind.</i>						
Accident or Suicide?								



Name
in
FullMary Kelley
Town Preston

County Caroline

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

1909

Month

March

Day

8

Age

Years

2

Months

4

Days

Sex

Female

Color or
Race

White

Birth-
place

Preston Md

Occupation

None

Where Residing if not
at place of death

Preston Md

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

O J Kelley

Father's
Birthplace

Md

Mother's
Maiden Name

Mantle Todd

Mother's
Birthplace

Md

Name of person giving
Information

O J Kelley

How related
to deceased

Father

CAUSES OF DEATH

9

Primary

Membranous Bronch.

How long

12 hours

Immediate

Pulmonary Congestion, Suffocation

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

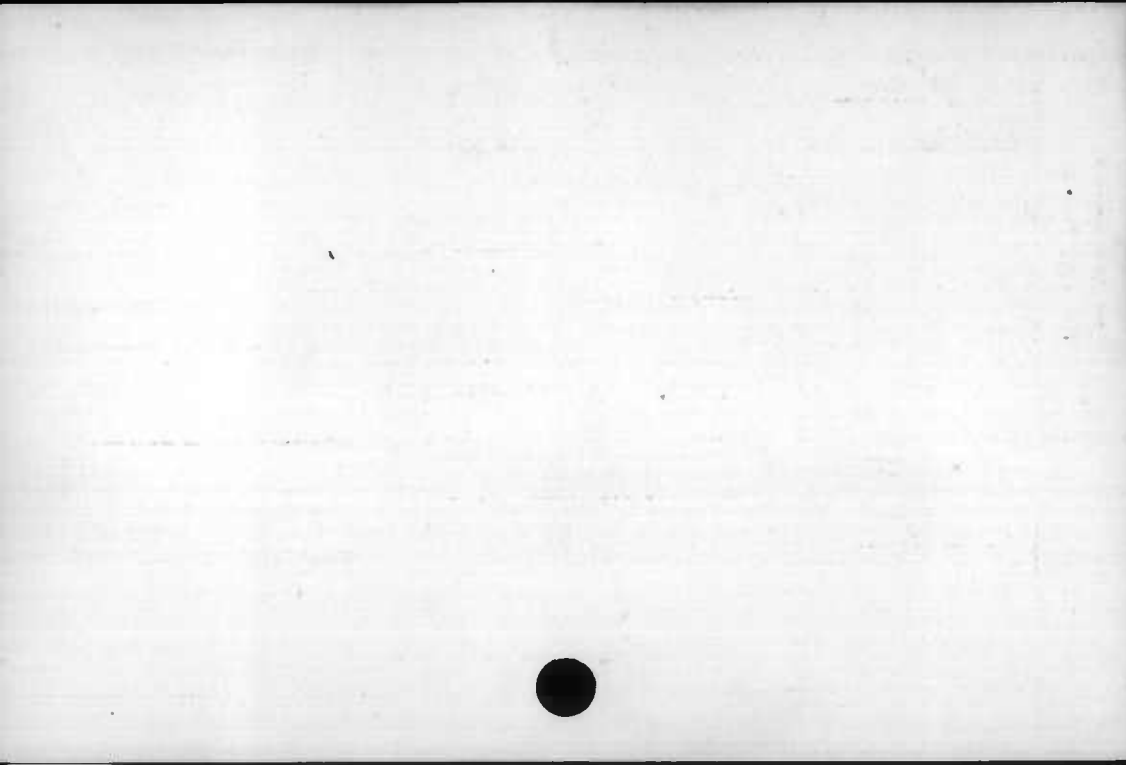
Address

Raymond D. Warner

Preston

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James M^c Nally

Died at *Greensboro* Town *Caroline* County **MARYLAND**

Date of death 190*9* Month *March* Day *25* Age *about 60* Years Months Days

Sex *Male* Color or Race *White* Birth place *Scotland*

Occupation *Labourer* Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *"* Mother's Birthplace *"*

Name of person giving Information *John L. Nichols* How related to deceased *No relation*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary *Tripped* How long *one week*

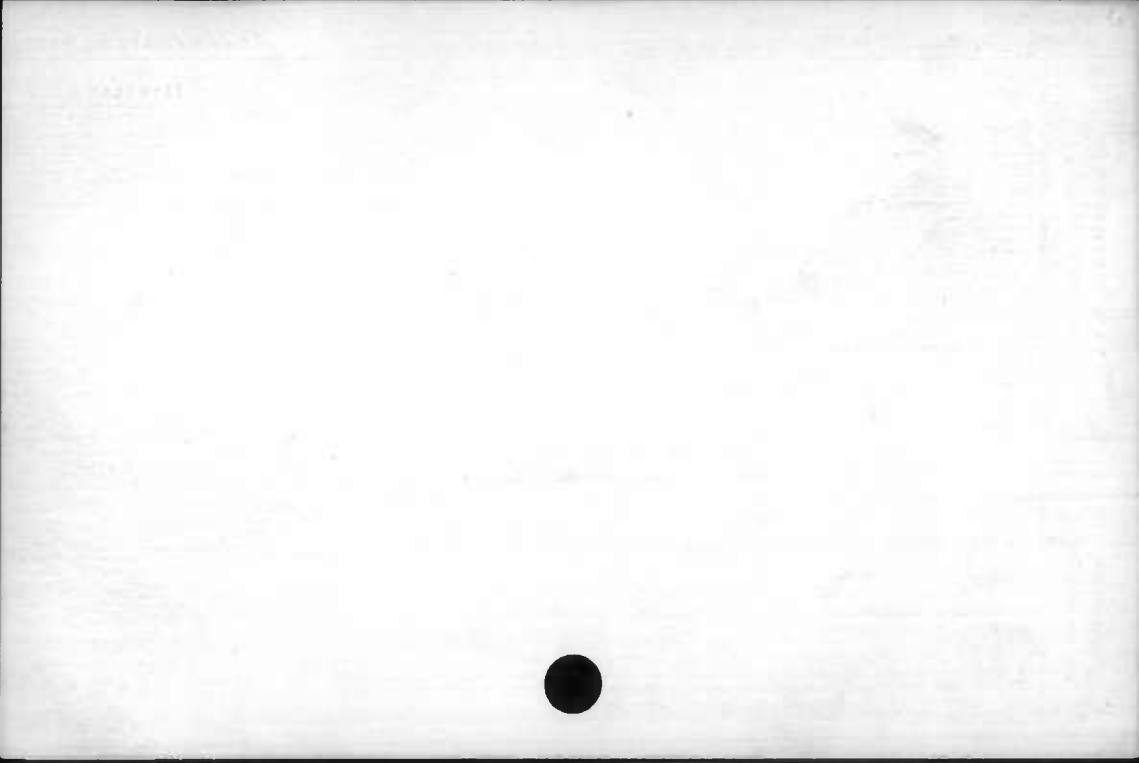
Immediate *Heart failure* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *W. H. Saldern*

Address *Greensboro, Md.*

Accident or Suicide ☒



Name
in
Full

Annie E. Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

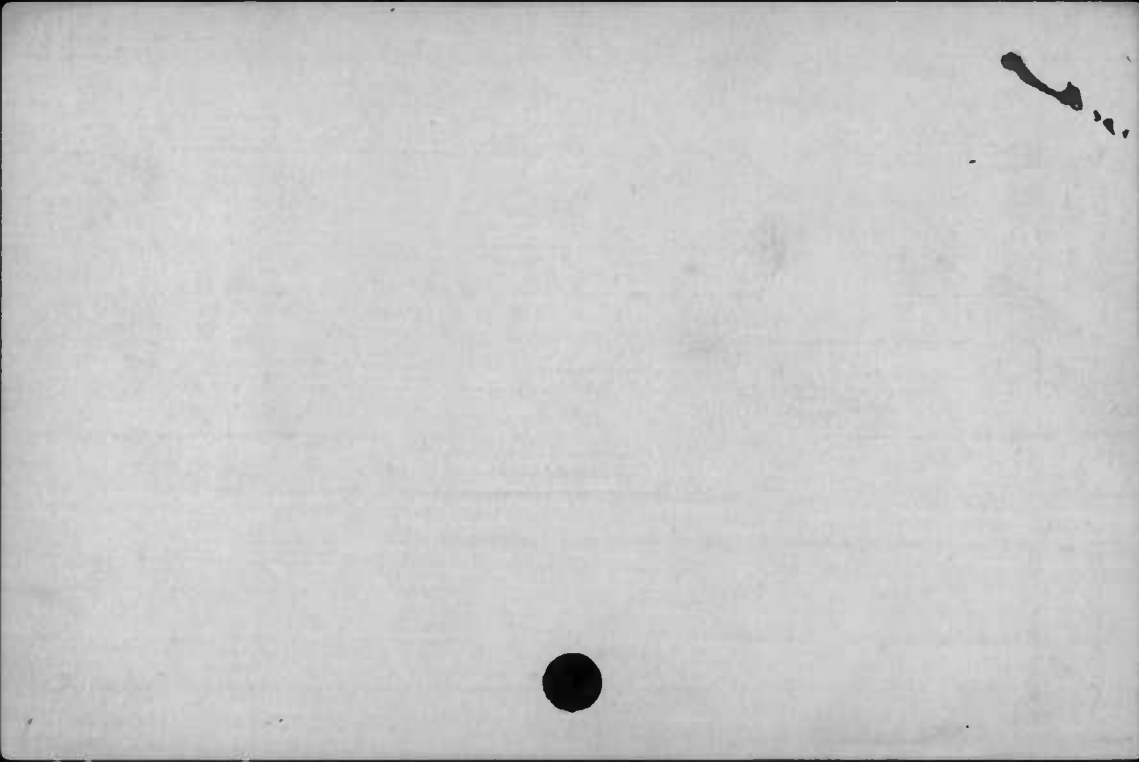
Died at		Town Greenboro		County Carver		MARYLAND	
Date of death		1904	Month Mar.	Day 27	Age Years 13	Months 5	Days —
Sex Female		Color or Race White		Birth-place Md.			
Occupation Housewife				Where Residing if not at place of death —			
Married, Single or Widowed Widowed		Name of Wife or Husband Danis S. Moore					
Father's Name Wm. Connolly				Father's Birthplace Md.			
Mother's Maiden Name Anna Hancock				Mother's Birthplace Md.			
Name of person giving information AB Moore				How related to deceased Daughter			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pty in (Pneumonia)	How long	Don't know
Immediate	Pneumonia	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. R. Malone	
Address		Greenboro Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

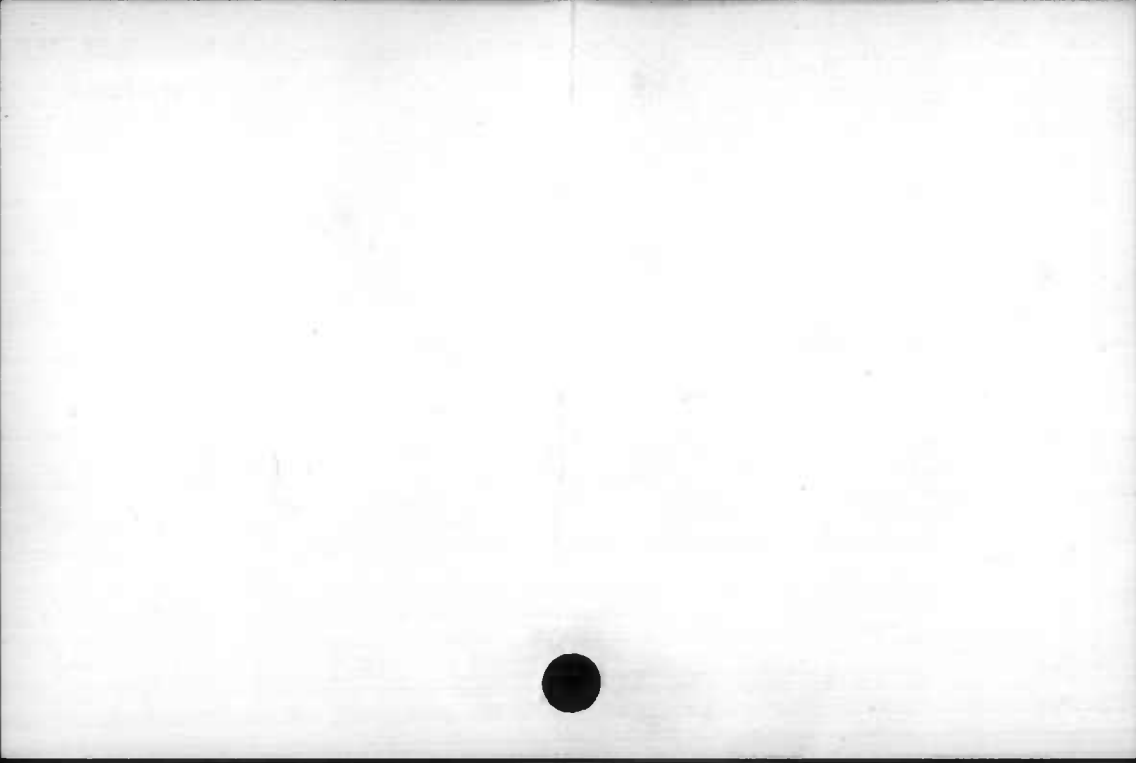
Died at Federalsburg		County Caroline		State MARYLAND	
Date of death	1909	Month	March	Day	29
Age	23	Years	6	Months	Days
Sex	Male	Color or Race	White	Birth-place	Dorchester Co
Occupation	Mason		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Jacob Mowbray			Father's Birthplace	Dorchester Co
Mother's Maiden Name	Sarah Mowbray			Mother's Birthplace	Dorchester Co
Name of person giving Information	Mary Mowbray			How related to deceased	Sister

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis.	How long	6 mo.
Immediate	Hemorrhage	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	F. J. Brooks
		Address	Federalsburg Md.
Accident or Suicide			



Samuel Fitzer Pearson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		State	
Greensboro		Caroline		Maryland	
Month		Day		Years	
Date of death 1909		March		Eighth	
Age		82		Months	
Sex		Color or Race		Birth-place	
Male		White		Smyrna, Del.	
Occupation		Where Residing if not at place of death			
Retired farmer		Greensboro.			
Married, Single or Widowed		Name of Wife or Husband			
Single		Deceased. Eliz. A. Pearson			
Father's Name		Father's Birthplace			
John Pearson		Bombay, India			
Mother's Maiden Name		Mother's Birthplace			
Catherine Clements		Cheltenham, Md.			
Name of person giving Information		How related to deceased			
Dr. G. B. Pearson		Son			

CAUSES OF DEATH

154

How long

Primary	Severe debility
Immediate	Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Ridgely</u>		County <u>Sharps</u>		State <u>MARYLAND</u>	
Date of death		Month <u>9</u>	Day <u>3</u>	Age <u>16</u>	Years <u>16</u>		Months <u>16</u> Days <u>16</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Ridgely</u>		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<u>Richard H. Sharp</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name		<u>Bessie May Price</u>			Mother's Birthplace <u>Talbot Co Md</u>		
Name of person giving information		<u>Richard H. Sharp</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still born</u>	How long	<u>8</u>
Immediate	<u>Still born</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<u>J. C. Madara</u>	
Address		<u>Ridgely Md</u>	
Accident or Suicide? <u>No</u>			



Name
in
Full

CERTIFICATE OF DEATH

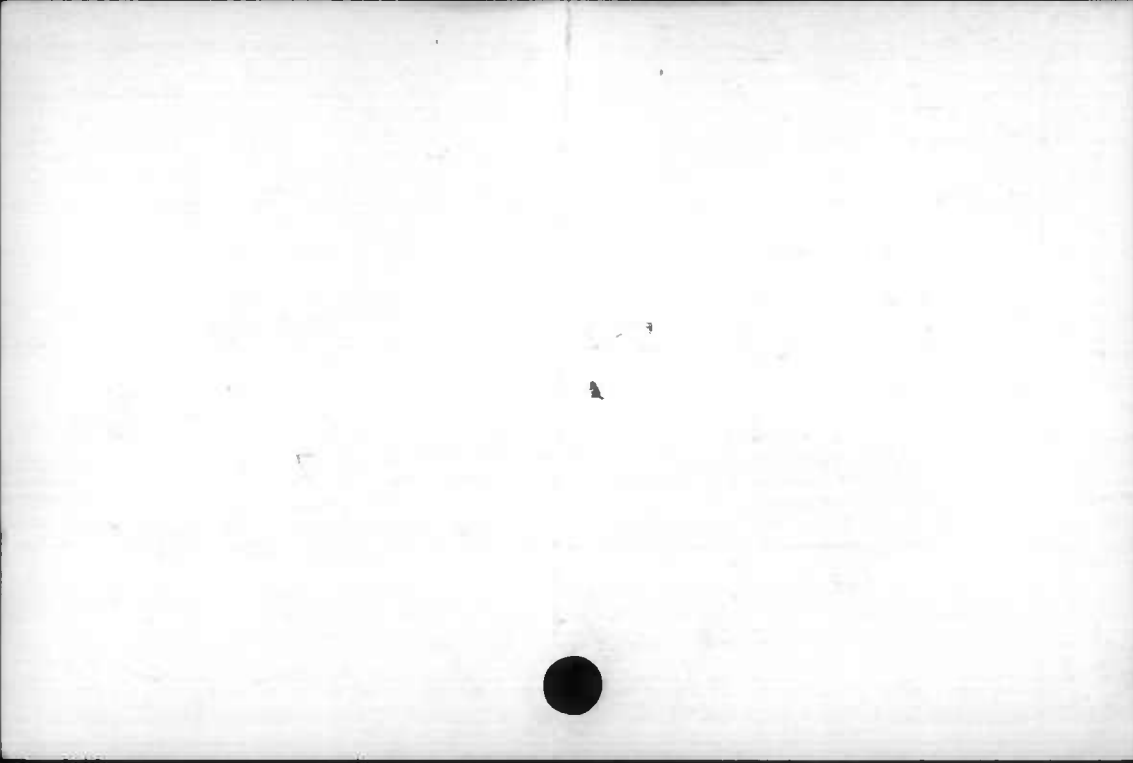
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John H Shepherd		Town Federalsburg		County Caroline		State MARYLAND	
Died at Federalsburg		Month 7		Day 19		Year 1909	
Date of death 1909		Month 7		Day 14		Year 1909	
Sex Male		Color or Race Black		Birth-place Sussex Co. Del.			
Occupation Laborer		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Jacob Shepherd		Father's Birthplace Caroline Co.					
Mother's Maiden Name Angie Eliza Thomas		Mother's Birthplace " "					
Name of person giving Information Jacob Shepherd		How related to deceased Father					

CAUSES OF DEATH

Primary	Acute Mitigation Heart		How long	1 week
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician F. J. Brooks	
			Address Federalsburg	
			Caroline Co. Md.	
Accident or Suicide				

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Newton Seal -

Town Ridgely County Caroline MARYLAND

Died at Ridgely

Date of death 1909 Mar 3 Age 4 Months 4 Days 4

Sex Male Color or Race White Birth-place Ida

Occupation - Where Residing if not at place of death -

Married, Single or Widowed - Name of Wife or Husband -

Father's Name Elmer May Seal Father's Birthplace Ida

Mother's Maiden Name Adolphus Seal Mother's Birthplace Ida

Name of person giving Information Adolphus Seal How related to deceased Grandfather

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Manitern How long 4 days

Immediate Manitern How long 4 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Stear D. D.

No Address Ridgely Md.

Accident or Suicide No



Name
in
Full

Belle J Willey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

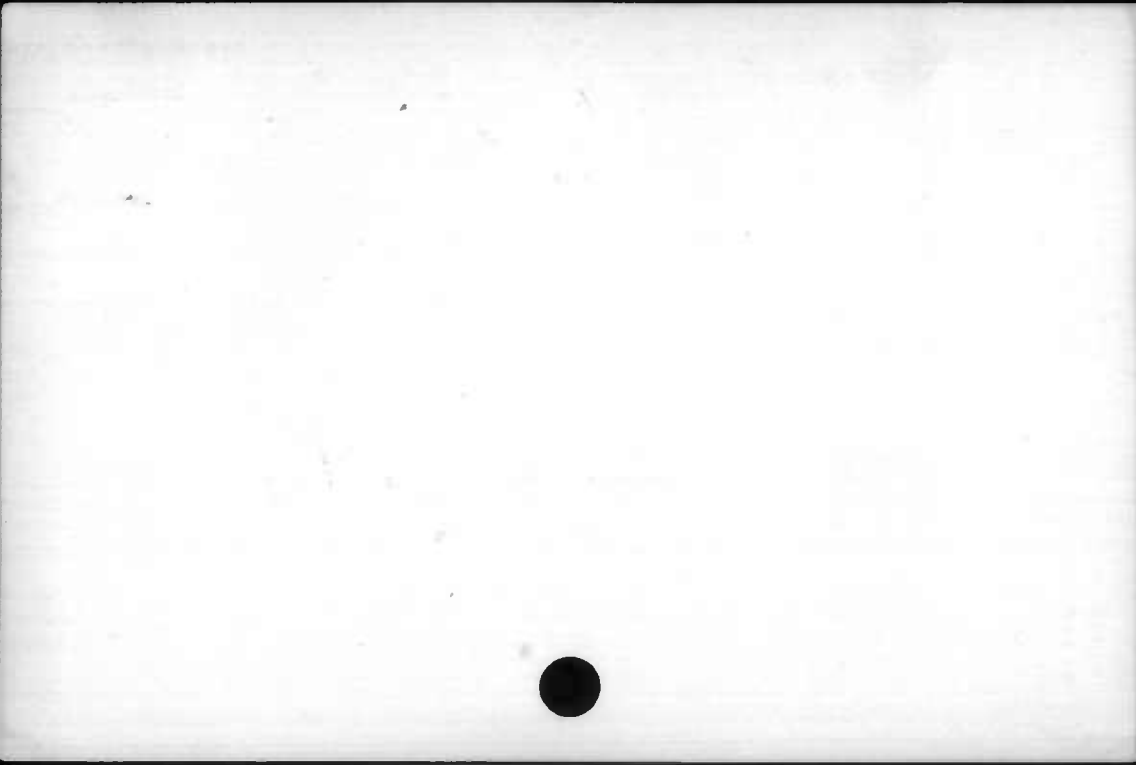
Died at		Town <i>Hobbs</i>		County <i>Caroline</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		3	31	70		5	17
Sex		Color or Race		Birth-place			
Female		White		Delaware			
Occupation				Where Residing if not at place of death			
Housewife				Hobbs Md			
Married, Single or Widowed		Name of Wife or Husband					
Married		William Willey					
Father's Name				Father's Birthplace			
Edward B Maloney				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Cecelia Malony				"			
Name of person giving Information				How related to deceased			
William Willey				Husband			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>	How long	<i>Several Yrs</i>
Immediate	<i>Heart Disease</i>	How long	<i>See records</i>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
Y		<i>Enoch George</i>	
		Address	
		<i>Caroline Co Maryland</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sarah Martha Willoughby*

Died at *near Bethcheim* *Caroline* County *MARYLAND*

Date of death *1909* Month *March* Day *18* Age *66* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Bethcheim Md*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *William R. Willoughby*

Father's Name *Sydney Andrew* Father's Birthplace *Caroline Co Md*

Mother's Maiden Name *Ellen White* Mother's Birthplace *Caroline Co Md*

Name of person giving Information *Jacob Reese* How related to deceased *none*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

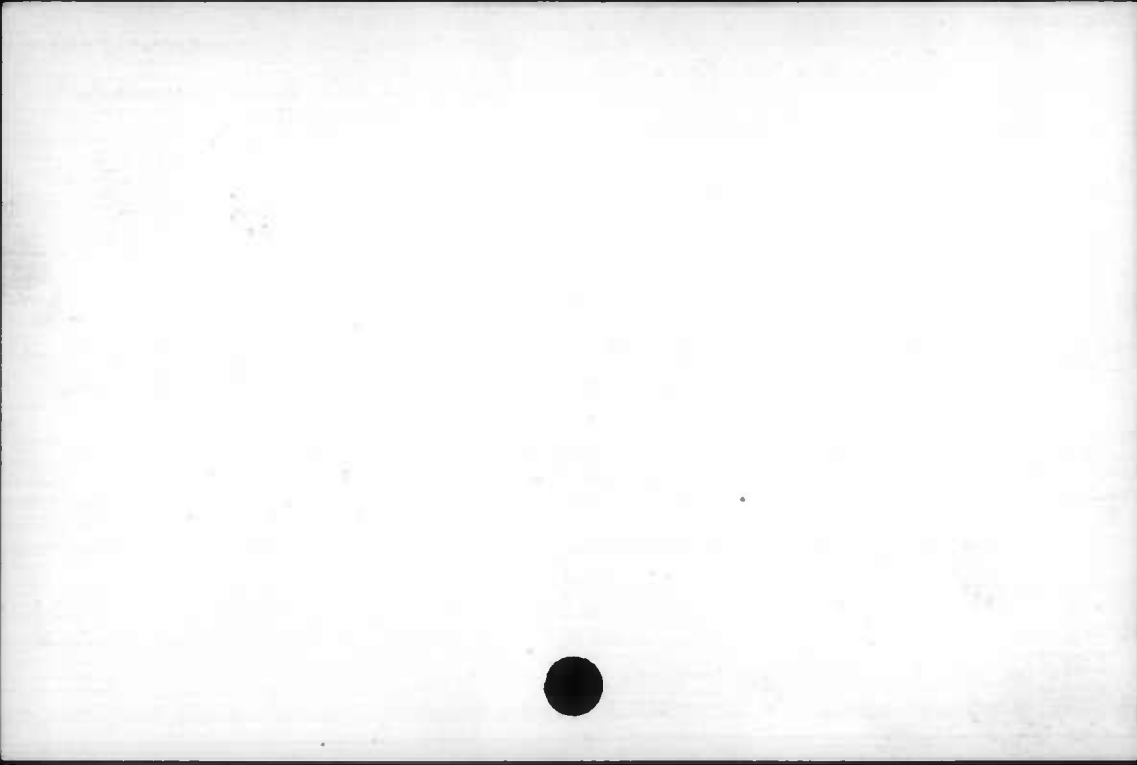
Primary *Lagripier* How long *one week*

Immediate *Pneumonia* How long *12 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. A. Robb* Address *Piston Md*

Accident or Suicide



Name
in
Full

Laura S. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Federalsburg		County Caroline		MARYLAND	
Date of death		1909	Month Feb.	Day 8	Age 29	Months 1	Days 22
Sex Female		Color or Race Black		Birth-place New Castle Co, Del			
Occupation Housework		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband John Wilson					
Father's Name James A. Scott		Father's Birthplace Caroline Co.					
Mother's Maiden Name Eliza Parker		Mother's Birthplace Canada					
Name of person giving Information Eliza Scott		How related to deceased Mother.					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis,	How long	1 Year,
Immediate	Heart Failure	How long	Must
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician J. I. Brooks.	
		Address Federalsburg Caroline Co, Md.	
Accident or Suicide			

